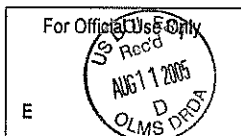


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5957</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>A</u> <u>Young</u> P.O. Box, Bldg., Room No., if any Street <u>1620 Central Avenue, Room 203</u> City <u>Cheyenne</u> State <u>Wyoming</u> ZIP Code + 4 <u>82001</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Locomotive Engineers and Trainm</u> Labor Organization File Number <u>008-327</u> P.O. Box, Building and Room Number, if any Street <u>1620 Central Avenue, Room 203</u> City <u>Cheyenne</u> State <u>Wyoming</u> ZIP Code + 4 <u>82001</u>
5. Position in labor organization. <u>General Chairman</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael A Young</u>	On <u>08/04/2005</u> Date	<u>307.635.6736</u> Telephone Number

Name of Person Filing Michael Young	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Designated Legal Counsel-BLET</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p>April 12, 2004 - Reception for annual WGCA meeting.</p> <p>April 14, 2004 - Dinner/Banquet sponsored by DLC. Cost may have exceeded \$25.00/plate.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Michael Young

File Number U-

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Huenegs, Stone, Koenig, Leaneave &amp; Kvas

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1650 International Centre

Street 900 Second Ave. South

City Minneapolis

State Minnesota ZIP Code + 4 55402

14.a. Nature of payment.

April 16, 2004 Las Vegas - Union Pacific General  
Chairman's Association Meeting.  
Dinner - Del Frisco's Steakhouse  
Dinner exceeded 25.00/plate

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Huengs, Stone, Koenig, LeNeave &amp; Kvas

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1650 International Centre

Street 900 2nd Ave. South

City Minneapolis

State Minnesota ZIP Code + 4 55402

14.a. Nature of payment.

April 27, 2004 Denver, CO Trip Rate meeting-  
various LC's  
Lunch w/Golf outing  
Exceeded 25.00/person  
April 28, 2004 Denver, CO. Group Dinner  
Exceeded 25.00/person

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Designated Legal Counsel-BLET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

General Committee meeting - Las Vegas  
August 1, 2004 Las Vegas - Reception BLET DLC  
August 2, 2004 Las Vegas - Dinner/Banquet DLC  
Estimate both group functions less than 25.00/  
person

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Michael Young

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## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Hunegs, Stone, Koenig, Leneave and Kvas

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1650 International Centre

Street 900 2nd Ave. South

City Minneapolis

State Minnesota ZIP Code + 4 55402

14.a. Nature of payment.

June 13, 2004 Denver, CO Crew Scheduling Meeting  
Dinner Exceeded 25.00/person13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Designated Legal Counsel-BLET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

August 3, 2004 Las Vegas General Committee  
meeting  
Buffett group Dinner  
Exceeded 25.00/person13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Schlichter, Bogart and Denton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 900

Street 100 South 4th St.

City St. Louis

State Missouri ZIP Code + 4 63102

14.a. Nature of payment.

August 5, 2004 Las Vegas General Committee  
meeting  
Group Dinner - Battistas (Italian)  
May have exceed 25.00/person13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

Name of Person Filing Michael Young

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## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Jones and Granger

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 888

Street 1000 Memorial Drive

City Houston

State Texas ZIP Code + 4 77210

14.a. Nature of payment.

November 11, 2004 Houston, TX  
Automatic Mark-up meeting RE; National Agreement  
Group Dinner  
May have exceeded 25.00/person

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Rathman &amp; O'Brien

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1031 Lami Street

City Saint Louis

State Missouri ZIP Code + 4 63104

14.a. Nature of payment.

April 15, 2004 Western General Chairman's  
Association meeting  
Group Dinner for BLET Representatives  
Dinner exceeded 25.00/person

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.